

already provided \$200 million for port security and \$4.7 billion for aviation security. That is why I joined my colleagues Mr. CASTLE and Mr. LYNCH in offering an amendment to increase funding for this essential grant program by \$50 million. A clear majority of Congress agreed with us and voted to ensure that rail security received an increase in funding. I am glad to have led this effort to make a small but important step to ensuring that our nation's rail and transit providers have the resources they need to ensure the safety of millions of Americans daily.

I remain troubled that nothing has been done in this bill to significantly reform the Federal Emergency Management Agency (FEMA). I have long argued that FEMA should be removed from the Department of Homeland Security and be reestablished as an independent agency that reports directly to the President. Unfortunately, the House again has missed an opportunity to put FEMA on the road to reform. As we begin hurricane season, I cannot forget the destruction and deaths caused by Hurricanes Katrina and Rita. It is time to remove FEMA from the Department of Homeland Security, where it never belonged.

Despite the lessons learned in the aftermath of Hurricane Katrina, this bill also cuts funding for firefighter grants by 17 percent. It also provides \$7 million less than last year for the office of Grants and Training, formerly known as the Office of Domestic Preparedness. Unbelievably, this bill cuts by 65 percent from a DHS program that helps Federal, State, local, and private organizations implement protection strategies and to provide training to State homeland security advisors.

Congress has a duty to provide the American people with the best security possible in the wake of a natural disaster or a terrorist attack. While this bill does not fully provide the funding our Federal, State and local homeland security officials have said they need, it does begin to meet their needs. I will continue to work with my colleague in Congress to ensure that we increase our Nation's investment in our homeland security.

COMMENDING THE LAWRENCE-EAGLE TRIBUNE FOR ITS SERIES ON GAMBLING

HON. MARTIN T. MEEHAN

OF MASSACHUSETTS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 7, 2006

Mr. MEEHAN. Mr. Speaker, recently a paper in my district ran a series of columns on the problem of gambling addiction, and its effect on society, and individual families. I commend the Lawrence Eagle Tribune, its editor-in-chief, William Ketter, and the series' author, Denise Jewell, for their hard work and attention to this serious issue.

One piece in the series focused on the federal role in help for gambling addiction—and in some cases, where there is no federal role. Gambling addiction can be as destructive as addiction to alcohol or drugs, and destroys countless families every year.

Mr. Speaker, I ask unanimous consent to include these articles in the CONGRESSIONAL RECORD, and once again, offer my gratitude to the staff of the Eagle Tribune for their fine work.

[From the Lawrence Eagle Tribune,
June 4, 2006]

GAMBLING SERIES SHOWS VALUE OF PUBLIC SERVICE JOURNALISM (By William B. Ketter)

The gravitational pull of state-sponsored gambling to stave off traditional tax increases, pay for public services and drive economic development has created a split-screen social condition in America: a lucky few people and the hapless many.

Sadly, that is the message that underlies much of the economic as well as cultural conclusions of our three-part Sunday Forum series on the causes, costs and consequences associated with the rapid spread of legal gambling across the country.

The state-by-state study—which concludes with today's installment—was conducted by the Community Newspaper Holdings Inc. News Service, the editorial arm of our parent corporation, under this editor's oversight. It was ambitious, public service journalism that encountered numerous obstacles, including uncooperative casino operators, tribal leaders and state officials.

It was a measure of reporter Denise Jewell's persistence that she got around the roadblocks and produced the first national statistical picture of the canyon between sums gambled and money spent on the prevention and treatment of problem gambling.

Nobody in state or tribal government or the gaming industry wants to say or do anything that might derail the full steam ahead gambling locomotive and the billions of dollars it generates from casinos, racinos, video poker terminals, lotteries and other sanctioned games of chance.

That's an understandable, though myopic, attitude when you consider the primary benefactors are the states that authorize, promote and regulate gambling; and the gaming companies that manage the Indian and commercial casinos. In their universe, frequent gamblers are not only prized, they are essential to success.

"It is like putting Dracula in charge of the blood bank," remarked State Sen. Susan Tucker, D-Andover in the first part of our series. Only the blood is dollars, Tucker points out, "and for the states to get their few hundred million their constituents have to lose a few billion."

A lot of those losses come from problem gamblers, many of whom are already poor and desperately in need of professional help to overcome their addiction. Yet their plight goes unlamented under the logic that gambling is a voluntary act.

Who should care? The federal and state governments. They hold responsibility for the general welfare, and compulsive gambling is a national public health issue—for the same reason drinking, smoking, and drug abuse are treated as public health matters. It is destructive, anti-social behavior. The difference is the latter receive billions for research, prevention and treatment and problem gambling gets a pittance.

In fact, Dr. Howard Shaffer of Andover, director of Harvard University's Addiction Center, identified pathological gambling as a public health problem 4 years ago in a national study, and still nothing has been done to expand federal programs to deal with it. He compares it to government inaction during the early stages of the AIDS crisis.

Ignoring the people who impulsively gamble beyond their means—causing serious financial, criminal, family and psychiatric problems—is a counterproductive approach that social experts predict will cost more over time than the money the states reap from gambling.

To grasp the wide disparity between taxes and treatment you need to reflect on the numbers.

States now receive \$21 billion in taxes from the \$136 billion spent annually on legal gambling in the United States. In turn, they spend only \$36 million on programs to assist problem gamblers. That's less than one-fifth of 1 percent of the profit.

Yes, gambling taxes help finance schools, teachers, fire engines, roads, parks and other core public services. And the infusion of revenue has allowed many states to avoid raising income, sales and property taxes. Even lower them, in some instances.

There are, however, related consequences. Evidence in our series showed problem gamblers commit forgery, credit card fraud and embezzlement at a higher rate than the general population. They also exceed the norm on bankruptcy, homelessness, divorce, substance and spousal abuse, and suicide.

No government or private agency has done a current analysis of the actual social cost of legal gambling. But the now-defunct National Gambling Impact Study Commission pegged the annual toll at \$5 billion 7 years ago. It estimated the cost to society of each addict at \$13,200 per year.

"There are undeniably many millions of problem and pathological gamblers causing severe harm to themselves, their families and many others," concluded the commission after a two-year study. Greater public understanding of this, it added, "is crucial to the health and stability of these families, their communities and many businesses."

The outlook is even darker today. More states have come to rely on gambling revenue to balance their budgets. Those without slot machines at race tracks, including Massachusetts, are talking seriously about adding them. And states without commercial or Indian casinos are seen as fertile possibilities for both.

Congress and state legislatures need to slow down the locomotive, and require that the casinos and the states appropriate serious dollars to research, prevention and treatment of problem gambling. They should also review how they're spending current public health dollars on compulsive behaviors, and appropriate some of that money to addictive gambling. It is growing faster than other social dysfunctions.

There's another thing federal lawmakers can do to do help. The Americans With Disabilities Act should be amended to add compulsive gambling to the list of mental disorders covered by the law. Because it is excluded, addictive gamblers can be denied insurance payments for medical expenses and short-changed on other benefits available to alcohol and drug abusers.

Gambling taxes and money spent to deter compulsive wagering are going in opposite directions on the economic chart. There is little chance the two curves will ever cross, given the acceptance of gambling as an all-American pastime. But the CNHI News Service "Hooked on Gambling" series made a powerful case for narrowing the gap, and bringing the multiplying victims side of this split social screen into sharper focus.

By so doing, it served the purpose of public service journalism—something we need more of in this era of flash news reports that often lack context and meaning.

[From the Lawrence Eagle Tribune,
May 21, 2006]

LEGAL GAMBLING BEGETS MILLIONS OF NEGLECTED ADDICTS (By Denise Jewell)

Twenty-year-old Bryant Northern had the world at his fingertips as a walk-on guard who won a coveted scholarship at basketball powerhouse University of Louisville. He dreamed of deadeye jump shots, March Madness, even a pro career.

But the 6-foot-tall Northern also had a hidden problem: an addiction to gambling. Caesars Indiana, the riverboat casino across the Ohio from Louisville, had been his secret hangout since high school—and also his scourge. A run of lousy luck found him short of money and in trouble with the police.

Now 23, Northern was sentenced March 6 to five years probation for trying to cash stolen checks in Kentucky to pay for his gambling habit. He still faces burglary charges in Indiana, and a possible jail term.

Northern's plight is not uncommon today in a nation where legal gambling has spread like wildfire—from three states 25 years ago to every state in the union, save Utah and Hawaii.

The promise of easy, new gambling money to build schools, pay teachers, pave roads and finance other public services has triggered an explosion of casinos, racinos (race tracks with slot machines) and lottery games. Gambling has become one of the biggest, and most politically powerful, special interests in the country.

It is no secret that America is hooked on gambling, with its payoff of more than \$20.5 billion a year to state governments. What's been overlooked is the unintended human cost: the large and growing class of people addicted to gambling and whose lives often end up in ruin.

They are called pathological bettors, and critics of gambling say they get little attention because government and the gambling industry depend on habitual players to drive revenue.

"I don't think it is conspiratorial in nature," said state Sen. Susan C. Tucker, D-Andover, who opposes the plan for racinos in Massachusetts. "It's more that most government leaders understand the truth and simply close their eyes and look away. As for the gambling industry, it is in its self-interest to keep up the gambling."

An in-depth study by Community Newspaper Holdings Inc. News Service into the cost, causes and consequences of problem gambling and what's being done about it determined that:

Legal gambling in the United States is a \$135.9 billion-per-year business, based on revenue figures provided by the states that allow it. That's close to triple the combined revenues of \$50 billion annually from box office movies, recorded music, spectator sports, and live entertainment. And it does not include popular online betting, which is still in legal limbo.

About 70 percent of gambling profits come from 30 percent of the people who gamble, according to research by professor Earl Grinols, an economist at Baylor University. Frequency, Grinols found, is a crucial characteristic of profit.

Poor people are disproportionately addicted to gambling, a study by the National Institute of Mental Health concluded. They are pulled by the lure to get rich quick but they are also the people who can least afford to lose money.

Gambling addiction has swelled the homeless rolls in America. One in five street people says he or she ended up homeless because of money problems tied to compulsive gambling, homeless-shelter officials say.

The federal government, which spends liberally on public-health studies and treatment programs for alcohol and drug addiction, has a passive approach toward problem gambling. Federal officials say it is the responsibility of the states even though addicts move freely between states and add to the cost of federal health-care programs.

Compulsive gambling is not one of the several mental diseases defined in the Americans With Disabilities Act and thus treatment for addiction does not qualify for

health-insurance coverage. Alcoholism and drug abuse are covered.

Social costs of problem gambling across the nation are estimated at a minimum of \$5 billion per year, according to a federal study commission. The annual cost to society of each pathological gambler is pegged at \$13,200.

A pittance, or \$35.5 million per year, of the gambling revenue is spent by government and the industry to educate people about the trapdoors of gambling and treat addicted gamblers. Residential rehabilitation centers for gambling addicts are rare.

No government study has documented the precise prevalence of the addiction problem in the United States. Academic studies project the figure at anywhere from 2 percent to 5 percent of adults exposed to gambling, and even higher for adolescents and teenagers.

By almost any measure, however, the numbers are in the millions and have been multiplying with the furious spread of legalized gambling from state to state since the 1980s.

Dr. Howard Shaffer of Andover, the director of Harvard Medical School's Division on Addictions, said three primary forces stimulated the growth of gambling: desire by the states to identify new sources of revenue; development of new entertainment and leisure destinations; and new technologies and forms of gambling such as electronic slot machines, video poker and multistate lotteries with large jackpots.

The most recent study of the psycho-economics of gambling showed that between 1975 and 1999, adult gambling increased from 67 percent to 85 percent, according to Shaffer. Higher numbers were recorded in almost every demographic group, including women.

"It's everywhere, and it's only going to get worse," said Jim Chesser, a 55-year-old former Kentucky bus driver who said he's overcome his addiction and now helps others recover through Gamblers Anonymous. "That's because of the politicians. All they see is generating dollars from gambling dollars. They don't care who it hurts."

Casino companies, lottery commissions and public officials say they do care, and point to warnings and hot lines on the back of lottery tickets, TV ads that urge "responsible gaming," and Web pages that feature addiction tests and educational information to help gamblers detect problems and deal with them.

"We've done what the experts have told us to do, what seems to work for alcohol and tobacco and other addictive issues," said Judy Patterson, executive director of the American Gaming Association, the industry's lobbying arm. "But we haven't had any certainty that what we do as an industry has really met any kind of scientific test as to whether it works or not."

Advocates for problem gamblers contend even well-intentioned efforts to prevent and treat addiction suffer from lack of money and the will of state governments to do anything about it. They also criticize the cozy relationship between politicians and the gambling industry, and the millions appropriated for advertising state-sanctioned gambling.

"State government is the promoter, the regulator and the beneficiary all in one," said Tucker, the Andover lawmaker. "It's like putting Dracula in charge of the blood bank."

Congressman Frank Wolf, R-Va., also a foe of gambling, said that "20 years ago, no politician at any level wanted to be seen with the gambling-industry people. Now, we go out and hold fundraisers with them." Or, in some instances, accept largess from them, as witnessed by the admissions of Jack Abramoff, the disgraced gambling lobbyist.

Still, Tucker said, the problem of gambling addiction goes largely unnoticed and untreated.

Statistics bear her out. While 48 states have some form of legalized gambling, only 26 of them appropriate money for treatment, the CNHI News Service survey showed. And those that do commit funds spend only a tiny fraction of the revenue they get from gamblers on programs to help them. Yet most states spend millions on slick advertising and promotion campaigns to entice people to gamble.

A national gambling study financed by Congress in the late 1990s estimated that states spend about one-tenth of 1 percent of their gambling revenues on treatment and education programs for addicts.

Tucker said this is "both inadequate and wrongheaded" because the people who can't afford treatment are the same people contributing heavily to gambling revenues. That's why, she said, paying for government with gambling dollars is bad economics and bad public policy.

"For the states to get their few hundred million, their constituents have to lose a few billion," Tucker said. "It comes right from their pockets. This isn't magic money that falls from the sky."

Casinos and racinos are the fastest-growing segment of the gambling industry. And small wonder. They boast row after row of slot machines, which Tucker calls the "crack cocaine" of gambling. There are more than 700,000 slot machines in the United States, state regulators report.

State lotteries offer their own opiate. It is called scratch tickets, and Massachusetts, with a variety of such games, is the national leader. It generates \$4.5 billion a year in lottery sales, with 70 percent of the total from scratch tickets. Another 15 percent comes from keno, the fast-play numbers game. Only 15 percent comes from delayed reward games such as Megabucks.

But state lotteries, which got their modern-day start in New Hampshire in 1963 and now raise money in 40 states, were only a Trojan horse for casinos. Today there are 445 commercial casinos in 11 states, and 405 Indian casinos in 28 states on land owned by America Indian tribes.

Massachusetts and New Hampshire are still casino-free states. But the Mashpee Wampanoags on Cape Cod have won preliminary federal approval as a recognized Indian tribe and could eventually force Massachusetts to negotiate a compact for casino gambling on a site acquired by the tribe.

In anticipation of that development, City Councilor George Rotondo of Revere has urged that city to pave the way with zoning regulations that allow construction of a casino resort complex, possibly at Suffolk Downs or Wonderland race track. He contends it would create hundreds of local jobs and boost Revere's economy.

So far, Rotondo's proposal has fallen on deaf ears. But casinos have helped revive some economically depressed communities around the country, providing jobs and contributing to local property taxes.

How did legal gambling as an economic engine get its impetus in America? Congressional approval of the Indian Gaming Regulatory Act in 1988 set off the gold rush. The law was born of the U.S. Supreme Court decision forcing California to negotiate with American Indian tribes to establish casinos on tribal lands.

As Indian casinos proliferated, a handful of states joined Nevada and New Jersey in allowing commercial casinos. The payoff came from high license fees and contracts that included a handsome bite of the revenue pie. That caused other states too timid for full-fledged casinos to expand their lottery

games, add video poker parlors and install slot machines at racetracks.

It didn't take long for gambling to move up the nation's business leader board.

Casinos thrive on customer knowledge. They maintain a database of gamblers through credit-card systems like "Wampum cards" at Foxwoods Casino in Connecticut. Players earn points for money gambled on slot machines and other games. They can also earn free meals, show tickets, iPods and high-definition televisions. The idea is to keep gamblers happy and active.

But Joe Barrett, a vice president at Caesars Indiana, said casinos also monitor their database to ensure that patrons don't get carried away.

"We look at gaming as a form of recreation and a place for people to have fun," said Barrett. "We understand the responsible gaming part of it, and we take it very seriously, and we always have."

Yet Caesars Indiana was recently fined \$38,500 by the Indiana Gaming Commission for sending marketing materials to nine addicts who had asked to be banned from gambling. The casino was fined \$80,000 last year for similar violations. And other casinos in other states have also been fined for targeting gamblers who have admitted the problem and want to quit.

"There will be, I'm sure, in any system, those occasional slip-ups, because it's humans putting the information in," said Judy Hess, a Caesars Indiana spokeswoman. "But we try very, very, very hard to have it just absolutely 100 percent correct. There's no upside to marketing to people who shouldn't be gaming."

That's not the way Wolf, Tucker and other critics of gambling see it. They claim the industry thrives on seducing gamblers of all means to return again and again.

Tucker said gambling companies are masterful at using public relations to show concern for compulsive gambling while masking its devastating social impact.

She said it is also a clever way to avoid the type of grief the tobacco industry faced from public-health regulators in the 1980s and 1990s. They accused cigarette companies of not caring about the medical implications of smoking, triggering endless lawsuits by individuals and the states.

"The gambling industry has shrewdly learned from the experiences of the tobacco industry," Tucker said. "It was the public-health community that drove the anti-smoking movement. The gambling interests want to head off a similar experience."

What's more, Tucker added, they are succeeding.

"Their PR is brilliant," said Tucker. "That was clear when they got people to talk about gaming instead of gambling. They have changed the nomenclature."

[From the Lawrence Eagle Tribune,
May 28, 2006]

GAMBLING COMMISSION DEALT DEAD MAN'S HAND

(By Denise Jewell)

A federal commission's study of legal gambling in the late 1990s produced several significant recommendations, but they ended up like poker's dead man's hand.

Dead man's hand is a term to describe the cards Wild Bill Hickock held—a pair of black aces and eights—when he was shot dead in a saloon in South Dakota in 1876.

The commission spent two years and \$5 million investigating the social and economic implications of lotteries, casinos and other gaming activities only to have its suggestion for a temporary freeze on further expansion of gambling shot down.

President Clinton urged creation of the National Gambling Impact Study Commission,

and Congress passed a law establishing the body. The mix of nine members included the chairman and chief executive officer of MGM Grand Inc. and the founder of Focus on Family.

The law required the commission to study the effects of problem gambling on individuals, families, businesses and social institutions, and to assess the state and local economic value of gambling facilities such as casinos, race tracks and video poker parlors.

In addition to a moratorium, the commission came up with dozens of other recommendations, including curtailing the growth of new lottery games, reducing lottery advertising and limiting lottery outlets in low-income neighborhoods.

The group's final report, released in June 1999, expressed concern that the rush to raise government revenue through gambling was creating a generation of young people who give little thought to gambling's down side.

"The commission recommends that all legal gambling should be restricted to those who are at least 21 years of age and that those who are under 21 should not be allowed to loiter in areas where gambling activity occurs," the report said.

Commissioners traveled throughout the country and held hearings that detailed dozens of hardship stories.

In Illinois, for instance, they heard about a Joliet couple who committed suicide after the wife accumulated \$200,000 in casino debt. In other places, they listened to testimony about embezzlement and other white collar crime to finance gambling habits.

But they also found some economically depressed locations were revived by the construction dollars and jobs associated with casinos, and that public services like roads and schools were improved from fees and taxes on gambling revenues.

"In Tunica, Miss., the advent of legalized gambling provided jobs for an area of extreme poverty," the commission found. "Many citizens of Tunica have undoubtedly benefited by the increase in the wage base and increased ability of its citizens to purchase homes and other amenities."

In addition to hearings, the commission's staff of researchers telephoned 2,417 adults and 534 adolescents across America and interviewed 530 people in gaming facilities.

The National Opinion Research Center at the University of Chicago, hired by the commission to conduct the survey, estimated that 15 percent of total gambling revenue in the United States stems from problem or pathological gamblers.

More research on pathological gambling was recommended, but the commission also made it clear the states need to do more to help people addicted to games of chance.

"A major responsibility for addressing the problem of pathological gambling must be borne by the states that sponsor gambling," the commission concluded.

Furthermore, it said, "industry funds earmarked for treatment for pathological gambling are miniscule compared to that industry's total revenue."

[From the Lawrence Eagle Tribune,
June 4, 2006]

FEW TREATMENT DOLLARS FOR GAMBLERS WHO NEED HELP

(By Denise Jewell)

Kathy Bassett, 49, a registered nurse from Topeka, Kan., didn't blink when Harrah's opened a casino 15 miles from her front door. She had zero interest in gambling. Nor did she worry about its social consequences.

That was before 2003, a nightmarish year that Bassett said opened her eyes wide to the problems associated with addictive gambling. In sequential order:

Her son, a casino pit boss, was arrested and sent to prison for stealing to support his gambling habit.

Her mother, retired and in her 70s, filed for bankruptcy after losing her life savings to the slot machines.

Her 37-year-old brother, David, in despair and shame over his inability to quit gambling, put a shotgun barrel to his mouth, pulled the trigger and ended his life.

This trilogy of shocks scared Bassett into researching the impact of compulsive gambling on ordinary families such as hers. She soon discovered plenty of others undergoing similar grief. Now, she's an anti-gambling crusader determined to expand and improve prevention and treatment programs.

"I just got so angry," Bassett said. "This in an industry worth hundreds and hundreds of millions of dollars and . . . it means nothing to them" when people's lives are shattered.

Bassett said her research showed that help for problem gamblers in the United States is sporadic, inconsistent and badly underfunded. Especially when compared with tobacco, alcohol and drugs—addictions that states spend \$2.5 billion a year to treat, according to the National Center on Addiction and Substance Abuse at Columbia University.

The evidence supports Bassett's analysis, a nationwide review of the issue by Community Newspaper Holdings Inc. News Service showed.

Not one federal dollar has been spent directly for treatment or prevention of problem gambling even though a Harvard University addiction expert, Professor Howard Shaffer of Andover, framed it as a national public health issue for the first time in a 2002 study.

"Excessive gambling, drinking, drugging are different expressions of a common underlying disorder," said Shaffer of his study. "But pathological gambling is being viewed (by the government) like some rare disease—much like AIDS was in its early stages. It doesn't get the attention it should as a public health issue."

Few federal dollars have been allocated for medical and other research that might help detect the problem before it gets out of hand, or provide guideposts for prevention. Congress did pay for a \$5 million, two-year study of the social and economic implications of gambling in the late 1990s, but little came of the short-lived effort.

American Indian tribes that own 405 casinos on sovereign tribal lands and the 48 states with some form of legal gambling are similarly stingy with spending on programs that could diminish the volume of high rollers.

Twenty-two states offer no programs at all, CNHI News Service found. And the 26 states that provide treatment don't put a lot of money into it, operate in isolation from others despite the wideranging mobility of problem gamblers and appear to accept the claim that sufficient community programs exist to help the truly addicted.

Across the country, the CNHI New Service survey found, state governments spend only \$35.5 million per year on helping problem gamblers even though the states rake in \$20.9 billion in gambling taxes annually.

The gambling industry does no better. It spends a small fraction of its billions in profits on research, prevention and treatment. And no where close to the many millions it shovels out to influence lawmakers through lobbying, and gamblers through TV, Internet, direct mail and billboard advertising.

The industry has established the National Center on Responsible Gaming, a small nonprofit in Washington, D.C., that says it is "committed to funding research that some

day will identify the risk factors for gambling disorders and determine methods for not only treating the disorder but preventing it, much like physicians can identify patients at risk from cardiovascular disease long before a heart attack."

But the center operates on a shoestring compared with the huge outlays spent by government, private agencies, foundations and others on heart disease research. Its proudest achievement: a \$2.4 million startup grant and \$1.1 million annual appropriation to Harvard's Medical School to fund the Institute for Research on Pathological Gambling and Related Disorders.

Integrity in Science Project, a group that monitors scientific research for conflicts of interest, has indicated concern over Harvard accepting research money from an industry that benefits from the very problem under study. The unstated worry is research skewed to reflect a desired outcome—specifically, that addiction has been overstated by critics of legal gambling.

Christine Reilly, executive director of the Harvard institute, rejects any notion the gambling industry could manipulate the research. She said it funds the institute but has no say in how the research is conducted or the results—which, she added, are subject to rigorous peer review by scientific journals.

Two unaffiliated nonprofits are making independent efforts to help problem and compulsive gamblers, although both suffer from lack of resources. They are Gamblers Anonymous, which has more than 1,400 chapters in the United States, and the National Council on Problem Gambling, which has 34 state affiliates.

Gamblers Anonymous is modeled after the 12-step program of Alcoholics Anonymous. A state-by-state directory of local meetings is posted on its Web site (gamblersanonymous.org/mtgdirTOP.html). Financial support comes from private contributions.

The Council on Problem Gambling is an advocacy group that increases public awareness and encourages treatment programs for troubled gamblers and their families. Funds for the group's \$500,000-a-year budget come from private and foundation contributions and at least two casino companies. It operates a national hotline (1-800-522-4700) for problem gamblers, and more than 200,000 problem gamblers call it over the course of a year.

Keith S. Whyte is the council's executive director and once worked for the American Gaming Association, the industry's lobbying arm. He said the council is neutral on the debate over legalized gambling, focusing its efforts on helping addicts overcome their problem.

Whyte said the federal government has been unhelpful in the effort to get mental health care for problem gamblers. For example, he said, the Americans With Disabilities Act doesn't classify compulsive gambling as a mental disorder and thus insurance companies can refuse to pay for treatment programs.

"Addictive gambling is a rare and stigmatized sort of behavioral health disorder because there's no physical or outward signs," Whyte said. "It has slipped through the legislative cracks."

Congress, he added, could easily fix the issue by expanding the definition of the disabilities law to include compulsive gambling as a public health problem, along with alcohol and drug abuse.

Medical researchers say compulsive gambling is not as visible as alcoholism and drug overdosing, but it can be equally devastating to social behavior. They also say some of the brain receptors in gambling addicts appear to be different.

Magnetic Resonance Imaging studies have found abnormal signs of attention deficit disorder in pathological gamblers. Neurobiology research has indicated their brain chemistry is not the same as that in problem alcohol and drug users. This has led to experiments with the drugs Nalmefene and Revia to try to curb gambling cravings.

"If you look at the MRI of a gambler, his brain looks different," said Whyte, who tracks the research. "But it is very hard to get that across to the admitting nurse that's going to say, 'Why don't you just stop gambling? Why don't you go home? You shouldn't have been gambling in the first place.'"

But self-discipline is not a characteristic of compulsive gamblers. Few of them put their names on "exclusion lists" required to be kept by casinos for problem gamblers who want to quit on their own. Gamblers who sign up are banned from receiving credit or gambling. Casinos can also add problem gamblers to the list and arrest violators for trespass.

There are other ways the industry says it tries to discourage gambling by people who shouldn't do it or can't afford it. They include posted warnings in casinos, race tracks and video poker parlors about overdoing it, cautionary wording on the back of lottery tickets, public service announcements about the consequences of addictive gambling and Web sites that test for symptoms of compulsive behavior.

Ken Davie, a vice president at Foxwoods Casino in Connecticut, said the Mashantucket Pequot Tribal Nation donates \$200,000 a year to that state's council on problem gambling and also distributes warning pamphlets. But he said it is hard to detect problem gamblers in a state that features 7,000 slot machines at Foxwoods and another 6,000 at nearby Mohegan Sun Casino.

"You have 13,000 opportunities to be hidden," Davie said. "Some of these machines are sitting in the corner. You can be hidden away. You could come in and feed \$100 bills all day and we wouldn't know you're gambling away your life fortune."

The American Psychiatric Association describes impulse playing of slots and other instant response games as "persistent and recurrent maladaptive gambling behavior" personified by symptoms such as obsession with risk, lack of self-control and lying.

"Pathological gambling is a condition where the person's out of control," said Jon Welte, a researcher at the University at Buffalo's Research Institute on Addictions. "They can't stop gambling and they can't moderate the amount they do. Gambling has kind of taken over their life."

Welte said researchers are struggling to understand why some people develop problems gambling while others can do it recreationally for years without becoming addicted.

"We're 20 or 30 years behind the research that's been done on alcohol and drugs," he said. "There's been a lot of (gambling) research done about prevalence. We need more research that gets closer at examining the causes."

A local judge in the western New York town of Amherst isn't into medical research, but he presides over the nation's first and only "gambling court" to treat the addiction problem when it is related to crime. Sentences can include psychiatric evaluation and counseling.

Judge Mark G. Farrell created the court five years ago after several unlikely defendants in a string of theft and embezzlement cases admitted they were addicted to gambling at casinos a half-hour away in Canada. Since then, two American Indian casinos have opened nearby in the United States.

Farrell said the public perception that reckless gambling is a "character flaw" rather than a disease or addiction has contributed to the slow development of programs to treat problem gamblers.

"They are more likely to admit they're a heroin addict than they would be to admit they're a compulsive gambler," he said. "And yet they've gone through their own money, their family's money, their kids' money. There could be a divorce action going on. They've had DWIs. A whole range of things."

Some states earmark gambling revenue for treatment services, but even they have not kept pace with the rapid expansion of gambling within their borders and nearby states.

Nevada, where gambling has been legal since 1931, did not set aside money for treatment until last year. New Hampshire, birthplace of the modern lottery, still spends nothing. And Massachusetts spends only \$655,000 of its \$742 million annual gambling take on prevention and treatment.

Furthermore, there are only two residential treatment centers specifically for problem gamblers, places where addicts can go for several days or weeks to overcome their compulsion. One is in Baltimore and the other in Louisiana.

Tim Christensen, treatment administrator for the Arizona Office of Problem Gambling, said the gambling industry and the states that rely on it will be forced to change as public awareness grows.

"Look at the tobacco issues that our country has gone through," said Christensen. "You went from a vast majority of people that smoked to a vast minority. That happened over time and with tons of resources put into it."

For advocates like Bassett, the nurse from Topeka who lost her brother to suicide, the time of enlightenment can't come soon enough. Prevention, she said, is also more complex than hotlines, self-exclusion lists, warning pamphlets.

She said her brother, a social worker who once manned a crisis hotline, had sought help from a private counselor and had even banned himself from the casino near his home. But the day before he died, she said, he drove right past it to another and proceeded to spend most of the day losing money he was holding for his mother.

"There are no clocks. There are no windows," said Bassett. "It's an unreal existence in there. It's not like playing with real money. It gives you the delusion of not really losing."

[From the Lawrence Eagle Tribune,
June 4, 2006]

PROBING THE MIND TO UNLOCK GAMBLING ADDICTION

(By Denise Jewell)

Piecing together the information doctors know about the biology of pathological gambling is like solving a difficult jigsaw puzzle for researchers like Dr. Jon Grant. "This is not simply an issue with people with poor or weak moral character as some myths portray it," Grant said. "This is an addiction. It is complex."

Grant is a medical doctor and a psychiatrist at the University of Minnesota who specializes in studying compulsive gambling. For eight years, he has been searching for a medical solution to curb cravings associated with problem gambling. He and his research team have done brain scans and other tests that indicate chemicals and receptors react differently when compulsive gamblers are calm and when they're revved up to bet.

The most recent results of that work—published in February's edition of the *American Journal of Psychiatry*—advances evidence

that pathological gamblers are physically different from other types of gamblers. Compulsive gamblers who took the experimental drug Nalmefene, for instance, were less impulsive than those given a placebo. "For the last 10 years, there have been rumblings that it's a biological problem," Grant said. "This gives a lot more support to that theory."

While researchers have only recently started to record results for drugs that help overcome the urge to gamble, doctors have been working on the neurobiology aspects of gambling for more than two decades. The late Dr. Robert L. Custer, a pioneer in compulsive gambling research, convinced the American Psychiatric Association in 1980 to classify the impulses of addicts as a disease much like Tourette's syndrome and pyromania. Custer categorized gamblers as professional, antisocial, casual, serious, escape and compulsive. Professional gamblers, he said, were not compulsive even though they took risks and gambled frequently. He said they used gambling as a job, showing clear-headed money skills, reasoned strategies and the ability to walk away without losing their bankroll. Custer characterized antisocial gamblers as withdrawn but not compulsive, casual gamblers as infrequent players, serious gamblers as those who use counting or tracking techniques to beat the odds at card tables, and escape gamblers as those who occasionally get away from reality through gambling.

Grant said gambling addiction could become a "huge social problem" as legal gambling grows in popularity through such things as televised poker tournaments and the greater availability of instant impulse games like slot machines. "We're seeing different demographics—people from all walks of life—involved," he said. "It suggests that this is going to be a bigger and bigger problem as time goes on." At the University at Buffalo's Research Institute on Addictions, John Welte has been working to quantify the scope of the problem through research that involved interviewing 2,631 people. He said the survey showed that compulsive gambling and the related social costs can be traced in concentric circles around a gambling facility. The closer in you get, the more severe the issue, he said. And, he added, people living in poorer neighborhoods reported higher rates of problem gambling.

IN RECOGNITION OF THE CITY OF
HOPE'S TRI-STATE LABOR AND
MANAGEMENT COUNCIL HONORING
MR. JOSEPH SELLERS
WITH ITS SPIRIT OF LIFE
AWARD

HON. MICHAEL G. FITZPATRICK

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 7, 2006

Mr. FITZPATRICK of Pennsylvania. Mr. Speaker, I rise today to highlight the accomplishments of Mr. Joseph Sellers. Joe Sellers is the President and Business Manager for Local Union 19 of the Sheet Metal Workers in the Philadelphia area, Central Pennsylvania, Southern New Jersey, and Delaware.

This week, The City of Hope's Tri-State Labor and Management Council will honor Mr. Sellers with its Spirit of Life Award.

City of Hope National Medical Center is one of the world's leading research and treatment centers for cancer, diabetes, HIV/AIDS, and bone marrow transplantation. City of Hope's Tri-state Labor and Management Council

Award has for many years increased public awareness and support for its research efforts. The Council's efforts are vital to City of Hope's battle against killer diseases. Additionally, the Labor and Management Council provides opportunities to union and management leaders to work together for a common cause—to assist the City of Hope in its vital research and patient care, no matter how long the hospital stay or complex the therapy.

Mr. Sellers began as an apprentice in 1980. Since then Mr. Sellers has made great contributions to his union and his community. Mr. Sellers has served as a union Executive Board Member, Training Coordinator, and Business Agent.

Mr. Sellers has held numerous positions within his union's International Association and currently holds executive positions with the Pennsylvania State Council of Sheet Metal Workers' International Association, New Jersey State Council of Sheet Metal Workers, Mechanical Trades District Council of Delaware Valley, Metropolitan Association of Presidents and Business Representatives, and the National Energy Management Institute.

If these positions were not enough, Mr. Sellers is the Vice-President of the Philadelphia Building and Construction Trades Council and the Philadelphia AFL-CIO. He is the Secretary-Treasurer of the Mechanical and Allied Crafts Council of New Jersey.

Additionally, Mr. Sellers is an Executive Board Member of the Pennsylvania Building and Construction Trades Council and the Pennsylvania AFL-CIO and a Member of the Pennsylvania State Apprentice and Training Council.

In addition to his commitment to supporting working men and women throughout the Delaware Valley, Mr. Sellers is active in civic, charitable, and government affairs. In the aftermath of Hurricane Katrina, he gathered monetary donations as well as clothing and food for the storm ravaged communities along the Gulf Coast. Recognizing the Gulf Coast's need for strong backs, hard workers, raw manpower, he dispatched union workers to aid in hurricane recovery.

In his local community, Mr. Sellers has spent countless hours working with the Piney Grove Baptist Church and Community Center and The Potter House Mission. For these honors Mr. Sellers selected as Labor Leader of the Year 2004 for the Boy Scouts of America, and the 2004 Labor Leader award from the American Veterans Association.

Mr. Speaker, it is an honor for me to draw this Chamber's attention to the accomplishments of Mr. Sellers. He has made a great contribution to his community. Our nation would be greatly improved if we all made a fraction of the contribution as Mr. Sellers.

RECOGNIZING BRIAN GEORGE
KNOP FOR ACHIEVING THE RANK
OF EAGLE SCOUT

HON. SAM GRAVES

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Thursday, June 8, 2006

Mr. GRAVES. Mr. Speaker, I proudly pause to recognize Brian George Knop, a very special young man who has exemplified the finest qualities of citizenship and leadership by tak-

ing an active part in the Boy Scouts of America, Troop 376, and in earning the most prestigious award of Eagle Scout.

Brian has been very active with his troop, participating in many Scout activities. Over the many years Brian has been involved with Scouting, he has not only earned numerous merit badges, but also the respect of his family, peers, and community.

Brian has served in the leadership positions of Chaplains Aide and Quartermaster, among others. He is a Brotherhood member of Order of the Arrow and a Warrior in the Tribe of Mic-O-Say. For his Eagle Scout project, Brian planned and supervised the landscaping of the front side of the Liberty United Methodist Church in Liberty, Missouri.

Mr. Speaker, I proudly ask you to join me in commending Brian George Knop for his accomplishments with the Boy Scouts of America and for his efforts put forth in achieving the highest distinction of Eagle Scout.

IN MEMORY OF HUGH C.
REYNOLDS

HON. MIKE ROSS

OF ARKANSAS

IN THE HOUSE OF REPRESENTATIVES

Thursday, June 8, 2006

Mr. ROSS. Mr. Speaker, I rise today to honor the memory of Hugh C. Reynolds of Fordyce, Arkansas. Strong leadership, vision, concern for others, and philanthropy were enduring legacies left by H.C. Reynolds. He passed away on Saturday, May 6, 2006 at the age of 85, after having served his nation, state, and the city of Fordyce with distinction. I would like to recognize Mr. Reynolds' contributions to Arkansas and our Nation.

H.C. Reynolds was born August 5, 1920 to the late Hugh Cleveland and Ruth Sisson Reynolds in Fordyce. He was a dedicated member of Fordyce First Baptist Church and a Shriner.

Mr. Reynolds will forever be remembered for his bravery, leadership, and compassion. He served his nation as an Army Veteran of World War II and was a lifelong member of the Democratic Party. He also recently resigned as Chairman of the Dallas County Democratic Committee.

He was preceded in death by his wife, Frances Keenum Reynolds and a brother, William Reynolds. My deepest condolences go out to his sister, Mary Ruth Creech of Camden; his son, Collins Reynolds and wife Janie of Bismark; his daughters, Linda Hankins and husband Troy of Pine Bluff, Vickie Gray and husband Paul of Hot Springs; his five grandchildren, and six great-grandchildren. Mr. Reynolds' legacy and spirit will live on in those who lives he touches.

INDIAN COUNTRY EDUCATIONAL
EMPOWERMENT ACT

HON. STEPHANIE HERSETH

OF SOUTH DAKOTA

IN THE HOUSE OF REPRESENTATIVES

Thursday, June 8, 2006

Ms. HERSETH. Mr. Speaker, I am introducing the Indian Country Educational Empowerment Act. This Act will facilitate economic growth and development in Indian